

The Alma Partnership

Inspection report

Alma Medical Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall summary

Previously we carried out an announced comprehensive inspection at the Alma Partnership on 5 February 2019 to follow up on breaches of regulations identified at a previous inspection in July 2019.

We served a warning notice to the provider following a breach of regulations 18; Staffing of the Health and Social Care Act 2008. We also issued a requirement notice in relation to regulation 17, Good governance. Following our inspection in February 2019, the practice was rated as requires improvement overall and placed into special measures.

We carried out an announced focused inspection at The Alma Partnership on 30 April 2019 and found that the requirements of the warning notice had been met. As this was to check compliance with the warning notice, the ratings from the previous inspection in February 2019 have not been changed. At that time, we served a requirement notice in relation to regulation 12; Safe care and treatment and regulation 18; Staffing.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found that arrangements relating to efficient numbers of suitably qualified staff to meet patients' needs had been reviewed where needed to improve care, but there were still some actions remaining.

We found that:

- The practice had employed a full-time practice manager who had implemented an action plan on 1st April 2019 to address the requirements of the warning notice, and all other areas that require improvement.

- The practice had improved the amount of administration staff available and work had been distributed across a larger number of staff to ensure all tasks were completed in a timely manner.
- Administration staff reported they felt supported by managers, however, not all clinicians felt supported.
- Administration tasks had been completed in a timely manner. However, other activities had not been completed including significant event activity and recalls for some childhood immunisations.
- Patient feedback indicated that there was limited continuity of care due to the staffing of GP sessions with the use of locums.
- Since our last inspection a salaried GP post and a full-time practice nurse post had become vacant. The practice had employed an advanced nurse practitioner one day per week and an additional locum GP one day per week.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

(Please see the specific details on action required at the end of this report).

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to The Alma Partnership

The Alma Partnership is located at 31 Alma Road, Winton, Bournemouth, Dorset, BH9 1BP. The registered provider is The Alma Partnership. The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 7,192 patients.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated in an area of low deprivation. The practice has higher numbers of patients in the 15 to 44 year old age group.

The two GP partners do not undertake clinical sessions at the practice. Clinical sessions are provided by locum GPs. The practice employs a practice manager, an advanced nurse practitioner, a practice nurses, a pharmacist and a team of reception and administration staff.

The premises and telephone lines are open between 8am and 6.30pm, appointments are available between 8.30am and 11.40am; and 2.30pm and 5.30pm.

Extended hours appointments are only offered for contraception services on Mondays until 7.30pm. Out of hours care is provided by South West Ambulance Service which can be accessed using the NHS 111 service telephone number.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The practice had not recorded or analysed significant events since February 2019.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:</p> <ul style="list-style-type: none">• Due to capacity the practice had not recalled all babies eligible for childhood immunisations.• Patient feedback had indicated that there was no continuity of care due to the staffing of GP sessions with the use of locums.• Not all staff felt supported. <p>This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>